PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

U.__O STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801

074 976 603

RECEIPT FOR CERTIFIED MAIL

INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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Sent to DOUGLAS NIELSEN SUPERVISOR ROAD DEPT Street and No. DUCHESNE CO P.O., State and ZIP Code PO BOX 356 Postage DUCHESNE UT 84021-0356 M/047/028 Certified Fee Special Deli to whom and 9/10/97 2.77 Return Receipt showing to wh Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date

PS Form 3800, June 1985